

MAR 19 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

6116

## 1. PLACE OF DEATH

County Harold  
 Township Do Fork  
 City Do Fork (No.         )

Registration District No. 389  
 Primary Registration District No. 5344

File No.           
 Registered No.           
 St.          Ward         

## 2. FULL NAME

(a) Residence, No. Do Fork Do Fork Ward.  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F- 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eph. J. Hallaway

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 0 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.         

10. Date deceased last worked at this occupation (month and year)          11. Total time (years) spent in this occupation         

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME Do Forker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Elizabeth Lawhorn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) John Lawhorn

18. BURIAL, CREMATION, OR REMOVAL PLACE Ma Key Cem DATE 2/4 1937

19. UNDERTAKER (ADDRESS) Dr. O. B. Burial Assn

20. FILED 2/24 1937 H. R. Thompson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/2-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1936, to Feb-2 1937

I last saw her alive on Jan-29 1937. Death is said

to have occurred on the date stated above, at 4:00 m.  
 The principal cause of death and related causes of importance were as follows:

Labor Pneumonia Date of onset 1/17/37

Other contributory causes of importance: 108

Name of operation          Date of           
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?          Date of injury         , 19        

Where did injury occur?          (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury           
 Nature of injury         

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify         

(Signed) P. S. Gurn, M. D.  
 (Address) West Plains, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

1950-1951

RESEARCH REPORT

NO. 10

BY J. H. HARRIS

AND

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